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APPLICATION NUMBER

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

ATTY. DOCKET NO./TITLE

10/706,327

11/12/2003

Charles D. Lennox

MED03-11

Barry W. Chapin, Esq. CHAPIN & HUANG, L.L.C. Westborough Office Park 1700 West Park Drive Westborough, MA 01581

**CONFIRMATION NO. 6437** \*OC00000016079574\* \*OC000000016079574\*

Date Mailed: 05/20/2005

## NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 04/22/2005.

• The Power of Attorney to you in this application has been revoked by the applicant. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

FRANCIS Y FIELDS 3700 (571) 272-4347

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021125 **NUTTER MCCLENNEN & FISH LLP** WORLD TRADE CENTER WEST 155 SEAPORT BOULEVARD BOSTON, MA 02210-2604

**CONFIRMATION NO. 6437** \*OC000000016079596\* \*OC00000016079596\*

Date Mailed: 05/20/2005

## NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

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The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

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(Thomas J. Engellenner)

PTO/SB/82 (09-04)
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U.S. Peterni and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are demon fourtes SMQ bisev a system is east Application Number 10/706,327 November 12, 2003 REVOCATION OF POWER OF ATTORNEY WITH Filling Date Charles D. Lennox First Named Inventor **NEW POWER OF ATTORNEY** AND Art Unit 3739 CHANGE OF CORRESPONDENCE ADDRESS Examiner Name Johnson III, Henry M. Attorney Docket Number 104891-1 (MED03-11) I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR X I hereby appoint the practitioners associated with the Customer Number: 021125 X Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 021125 **O**R **NUTTER MCCLENNEN & FISH LLP** Thomas J. Engellenner World Trade Center West 155 Seaport Boulevard City **Boston** Country US State MA Zip 02210-2604 Telephone (617) 439-2948 Fex (617) 310-9948 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Helen Masiocka, President and CEO, MedCool, Inc. 475-05 Telephone (781) 416-5123 NOTE: Signatures of all the inventors or exalgness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see before. Total of forms are submitted. Revocation of Power of American or Authorization of Agent
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed for Commissioner for Patenta, P.O. Shr. 1450, Alexandria, y.A. 22313-1450, on the date shown below.

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